



## SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH

4305 S. Louise Avenue Suite 201 □ Sioux Falls, SD 57106-3115

(605) 642-1388 □ FAX: 642-1389 □ [www.state.sd.us/doh/nursing](http://www.state.sd.us/doh/nursing)

### **Procedure for Reapproval Application- All Programs due for reapproval prior to the end of April 2014**

Changes to the approval process for Medication Aide Training programs occurred in 2012. At that time, it was established that facilities having an approved med aide training program would be due for the two year reapproval **April 2014**.

**20:48:04.01:13. Approval of training program required for delegated medication administration.** Medication administration may be delegated only to those individuals who have successfully completed a training program approved by the board pursuant to §20:48:04.01:14. Approval of the training program must be renewed every two years.

**Please do one of the following during the month of April 2014. It is most helpful to scan/email your reapproval documents:**

- ☐ If you do NOT intend to have a Med Aide Training Program, please inform the Board of this in writing either by fax or electronic notice ([Stephanie.Orth@state.sd.us](mailto:Stephanie.Orth@state.sd.us)) by April 30<sup>th</sup>, 2014.
- ☐ If you do wish to have an approved Med Aide Training Program, complete the following steps by April 30<sup>th</sup>, 2014:
  - 1.) Go to our website <http://doh.sd.gov/boards/nursing/MATPApapproval.aspx> and review the approved curriculums listed in Section 1.
  - 2.) If you elect to make no changes to your program (the instructors and curriculum remain the same as was listed on your last application sent to the Board) complete the "Application for Reapproval of Training Program".  
<http://doh.sd.gov/boards/nursing/documents/Re-ApprovalApplicationMATP11-11.pdf>
  - 3.) If you are making changes to your instructors or curriculum, indicate those changes appropriately on the reapproval application. If you are choosing a new curriculum, you must also complete the corresponding "Curriculum Content Application Form"- see number 4 below.
  - 4.) Complete the corresponding "Curriculum Content Application Form" for whichever curriculum you've chosen to use. On this form, you need to write in column 4 who the designated RN is who will be teaching the 4 hour clinical portion. Write his/her name in the "On site Clinical RN Instructor" slot.
  - 5.) If you are listing a new RN instructor, be sure to provide a resume or work history with your application materials that shows the nurse has at least two years of nursing clinical experience.

Send all of the above items by scan/email or by fax to Stephanie Orth ([Stephanie.Orth@state.sd.us](mailto:Stephanie.Orth@state.sd.us)) in the Spearfish office by the end of April 2014. If you fax, include a cover sheet and number all pages.

If you have any questions regarding this information feel free to contact me.